

Mid Peninsula Village
NEIGHBORS HELPING NEIGHBORS

** 50% off
Membership
until 11/15!*

How Mid Peninsula Village Saves You Money

Your annual membership dues go a long way with Mid Peninsula Village!

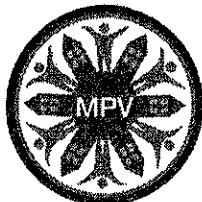
Based on typical services that you may use during the year,
the chart below calculates the costs you might expect to incur –
and what the same services will cost as a Mid Peninsula Village member.

SERVICES	ESTIMATED FREQUENCY	ESTIMATED COST	ANNUAL COST NON- MEMBER	ANNUAL COST MEMBER
Mid Peninsula Village Annual Membership	1x per year	\$600/year	\$0	\$600
Handyman services	1x per month	\$80/hour	\$960	\$0
Airport transport	2x per year	Taxi \$100 roundtrip	\$200	\$0
Simple Household tasks	1x per month	\$60/hour	\$720	\$0
Transport to social events	4x per month	Taxi \$20 roundtrip	\$960	\$0
Trash barrels to street	1x per week	\$5/week	\$260	\$0
Transport to shopping & errands	1x per week	Taxi \$20 roundtrip	\$1040	\$0
Home safety walk-through	1x per year	\$125/visit	\$125	\$0
Technology/ Computer assistance	2x per year	\$80/hour	\$160	\$0
TOTAL ANNUAL COST			\$4,425	\$600

Mid Peninsula Village PO Box 5283 San Mateo, CA 94402

650-524-5104

midpeninsulavillage@gmail.com – villagesofsmc.org



MID PENINSULA VILLAGE MEMBERSHIP APPLICATION

MidPeninsulaVillage

NEIGHBORS HELPING NEIGHBORS

Date: _____

Primary Member: _____

Birth Date: _____ Gender: [] F [] M

Phone (h): _____ Phone (cell): _____

Email address: _____

Address: _____

City: _____ Zip Code: _____

Spouse/Partner: _____

Birth Date: _____ Gender: [] F [] M

Phone (h) _____ Phone (w) _____

Phone (cell) _____

Email address: _____

Annual Membership Levels

Single When paid by monthly installments, the cost is \$55/month or \$660/year []

When paid a full year in advance, the cost is \$600/year []

Household (2 or more residing in the home)

When paid by monthly installments, the cost is \$70/month or \$840/year []

When paid a full year in advance, the cost is \$750/year []

Associate Membership Single The cost is \$300/year (\$250 is a tax deductible donation) []

Associate Membership Household (2 or more residing in the home)

The cost is \$425/year (\$325 is a tax deductible donation) []

Notes on Payment Options

- All memberships (whether paid in an annual amount or in installments) are for a period of one year.
- Membership begins upon completion of the application process and receipt of payment.
- You receive a substantial savings when you pay your annual membership fee in full.
- Monthly installment payments must be made with a credit card. By selecting this payment option, you agree that payments can be automatically billed through **automatic bill pay**. (This charge will appear on your statement as "Club Express").

☐ Enclosed is my check for the amount of \$ _____

☐ Please debit my credit card in the amount of \$ _____

☐ MasterCard

☐ Visa

Name on the Account _____

Account No _____

Exp. Date: _____ Card Security Code(3 digit) _____

Signature _____

☐ Check if you wish to pay in monthly installments of \$ _____

Please send your completed form, with check (if applicable) made out to **Villages of San Mateo County** with "for MPV membership" written in the Memo section and mail to: **Mid Peninsula Village, P.O. Box 5283, San Mateo, CA 94402.**

Note: Subsidized memberships may be available to those unable to afford annual dues. If you'd like us to explore this option, please contact us at 650-260-4569.

Within a week of receiving your application a staff member will contact you to set up an appointment to meet with you in your home.

MID PENINSULA VILLAGE

Criteria For Membership

- Members must reside in the Mid Peninsula Village service area, which includes San Mateo, Burlingame and Hillsborough
- Members must be over 18 years of age.
- Members are responsible for – and capable of making – key decisions about their own lives.
- Members are living in a residence that presents no known health or safety threats to themselves or to Mid Peninsula Village volunteers.
- Members are self-sufficient in meeting personal care needs (either through self-care or arrangements with a personal caregiver).
- Members have a current medical coverage/plan in place including a relationship with a medical provider (doctor/clinic/neighborhood health facility).
- Members must provide information for two people we can contact in case of an emergency (names of a member of family, friend, or other individual); Mid Peninsula Village is permitted to contact these individuals in case of an emergency.



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villagesofsmc.org

Mid Peninsula Village Volunteer Application

(The personal information you provide will be kept confidential to staff and authorized volunteers.)

Name _____ Home Phone _____
 Street _____ Business Phone _____
 City _____ State _____ Zip _____ Cellular Phone _____
 E-mail _____ Date of birth: ____/____/____
 Best method to contact you: _____ (phone, text or email)

How did you hear about Mid Peninsula Village? _____

Contact in case of emergency: Name _____ Relationship _____
 Phone Number #1 _____ Phone # 2 _____
 Address _____

Dates of Availability - I am available from (start date) _____ through (end date) _____
 Preferred Availability - Please check each box that applies, or write in hours:

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

____ I am flexible according to my schedule.
 ____ I would like a regularly scheduled weekly commitment of _____ hours per week.
 ____ I prefer to be called upon for special projects.
 Other _____

Volunteer services you would like to provide - check all that apply

Transportation	Minor Home Repair	Pet Walking	Social Events
Tech. Assistance	House/yard chore	Errands	Home Visits
Administrative	Financial Services	Data Entry	Check-in Caller
Recruiting	Presentations		

Other _____

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